

NAME: _____

SSN: _____

ALS CASE -

EXPEDITED ACTION NEEDED!

**(P.L. 106-554 waives 24-month Medicare
waiting period for**

Amyotrophic Lateral Sclerosis)

FROM: FO (enter FO name & code)

____ SSA-795 (Example 1, DI 11036.003)

____ SSA-827s

Medicare waiting period _____ to _____.

***See POMS DI 11036.000 for FO instructions**

TO: DDS/FDDS (enter DDS site code)

Case referred to DDS for ALS determination.

***See POMS DI 23580.000 for DDS instructions**

ROUTE from DDS/FDDS to FO:

ROUTE from DDS/FDDS to PC:

***See POMS DI 45605.000 for PC instructions**

**DO NOT REMOVE FLAG FROM FOLDER
JACKET**